

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>ANTHONY LAFAUCI</b>	COURT CASE NUMBER <b>04 - 12609 - REK</b>
DEFENDANT <b>JOHN MARSHALL Jr.</b>	TYPE OF PROCESS <b>CIVIL ACTION 1983</b>
<b>SERVE</b> ➔ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Souza-Baranowski Correctional Institution Wardens Office</b>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>P.O. Box 8000 Shirley, Massachusetts 01464</b>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>ANTHONY LAFAUCI #284473 Osborn Correctional Institution P.O. Box 100 Somers, Connecticut 06071</b>	Number of process to be served with this Form - 285 <b>1</b>
	Number of parties to be served in this case <b>26</b>
	Check for service on U.S.A. <b>YES</b>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
Fold

Signature of Attorney or other Originator requesting service on behalf of: <i>Anthony LaFauci</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <b>6-8-05</b>
--	---	------------------	-----------------------

**DO NOT WRITE BELOW THIS LINE**

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. 2. Print your name and address on the reverse so that we can return the card to you. 3. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <b>X</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$ Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage	Postmark Here Delivery address different from item 1? <input type="checkbox"/> Yes If Yes, enter delivery address below: <input type="checkbox"/> No Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D.	Date of Service Time Signature of U.S. Marshal or Deputy U.S. Marshal or Amount of Refund
---	--	---

Sent To <b>John Marshall Jr.</b>	102595-02-M-1540
Street, Ap or PO Box <b>Souza-Baranowski Correctional Institution Warden's Office</b>	
City, State <b>PO Box 8000 Shirley, MA 01464</b>	

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)